

# Child and Adult Care Food Program (CACFP)

## Training Packet and Handbook

**Adult Day Care  
FY 2017**



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<http://education.ky.gov/federal/SCN/Pages/Child-and-Adult-Care-Food-Program.aspx>

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

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## Federal Requirements

Federal regulations at **7 CFR Part 226** requires institutions participating in the Child and Adult Care Food Program to maintain support documentation for submitted claims.

These regulations can be found at:

<http://www.fns.usda.gov/cacfp/regulations>

Or

<http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&SID=86570c8e304645e5da8d64b9d778e428&rgn=div5&view=text&node=7:4.1.1.1.5&idno=7>

## Institution and Sponsoring Organizations Responsibilities

### Record Keeping

Institutions who participate in the Child and Adult Care Food Program (CACFP) **must maintain records at the sponsor/center location**. Sponsoring organizations of affiliated centers and sites are responsible for ensuring that each center or site under the sponsorship is maintaining current month records. Sponsors of Unaffiliated centers and sites must ensure that each center or site maintains copies of at least the previous twelve months records **on site**. These records must accurately reflect program operations. Failure to maintain such records will result in the recovery of reimbursement and/or termination from the Program.

An organized system for filing and maintaining records will save time when completing the monthly Report and Claim for Reimbursement. For record keeping and organization it is strongly encouraged that all monthly records and supporting documentation be assembled together and filed with a corresponding copy of the Report and Claim for Reimbursement in the institutions or sponsoring organization's main office.

The following records to support reimbursement must be maintained on file for a minimum of 3 years plus the current year:

1. Adult Enrollment Form/Income Application
2. Attendance Records
3. Membership Roster
4. Free/Reduced Price Income Applications
5. Record of Meals Served
6. Program Costs Documentation including Receipts, Invoices, Catering Delivery Tickets and Proof of Program Labor.
7. Menus

**Failure to maintain any of the following records will result in the repayment of meal reimbursement. [7 CFR 226.10(d)]**

## Folder System

The folder system was designed by the State Agency as an effective way of managing records necessary for meal reimbursement. All institutions are encouraged to have the following labeled folders for each fiscal year:

1. Permanent Agreement/Correspondence/In service Training/Monitor Reviews and Procurement
2. Adult Enrollment Form/Income Applications
3. Monthly folders (October – September) for each month of the federal fiscal year beginning with October.  
The following items are to be filed monthly in each folder:
  - a. Copy of the Claim for Reimbursement
  - b. Daily Attendance Records
  - c. Copy of Membership Roster
  - d. CACFP Menu Records (Participant)
  - e. Record of Meals Served (Form 17-9) and/or (Form 17-10) for institutions claiming more than 3 meal services.
  - f. Record of Expenditures (17-8)
4. Food and non-food bills, receipts, invoices (must be original, dated and itemized, and include the store and/or vendor name) and Catering Delivery Tickets.
5. Personnel Activity Report Form and/or Paycheck Stub

# Civil Rights Compliance and Grievance Procedures

The goal of Civil Rights Assurance and Compliance is to ensure that Child Nutrition Program benefits are made available and provided to all eligible individuals without discrimination.

**Discrimination** is defined as distinguishing a person, or group of people, **either in favor of or against** others intentionally and doing so by neglect or by actions or by lack of actions based on the six protected classes.

**The six protected classes** associated with the Child and Adult Care Food Program are race, color, national origin, sex, age and disability.

## Responsibilities of Institutions and Sponsoring organizations

USDA regulations outline responsibility regarding civil rights compliance in CACFP.

The following areas of compliance are the

1. Public Notification System
2. Data collection,
3. Training and
4. Grievance Procedures.

## Compliance Areas

### 1. Public Notification System (PNS)

#### a. News Release:

- Effective October 1, 2016 the State Agency will publish the News Release on behalf of the Sponsors. It is no longer a requirement for existing institutions/sponsoring organizations.

#### b. “And Justice For All” poster

- This poster contains the non-discrimination statement and contact information for filing a civil rights complaint.
- The poster must be displayed in a prominent place in every site and every sponsoring organization office. The main entrance is ideal for placement.
- The poster should be displayed on 11x17 paper if possible. If not, 11x14 is acceptable or 8 1/2x11 as a last resort.
- Replacement copies may be found at:  
<http://www.fns.usda.gov/cr/and-justice-all-posters>

#### c. Non-Discrimination Statement

- The statement in its entirety is required on all materials where the CACFP is referenced such as, but not limited to, promotional literature, parent handbooks and websites.
- Institutions and sponsoring organizations must convey the message of equal opportunity in all photographic and other graphics used to provide program information.
- For an institution’s website, the following Non-Discrimination statement can be used by the following link:  
<http://education.ky.gov/federal/SCN/Pages/USDANondiscriminationStatement.aspx>

**\*\* The Non-Discrimination Statement is displayed below in its' entirety \*\***

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

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- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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**d. Language Barriers/Limited English Proficiency (LEP)**

- All institutions must have the capability of providing informational materials in the appropriate translation concerning the availability and nutritional benefits of the Child and Adult Care Food Program, as well as the procedures for filing a discrimination complaint.

**\*\* The link below provides translations for CACFP materials \*\***

<http://www.fns.usda.gov/documents-available-other-languages>

**2. Data Collection**

- Ethnic and racial data for each site must be documented annually in the management plan as part of the initial and annual renewal process;
- Institutions must maintain 3 years plus current year of the documentation of ethnic and racial data;
- The collection of racial and ethnic data allows institutions and sponsoring organizations, and the state agency to determine how effectively the program is reaching the diversity of a population and if outreach is needed.

**\*\*Example from the Management Plan is located on the next page. This is the process for collecting ethnic and racial data as documented in the management plan \*\***

**(1) Percentage breakdown of eligible population by racial-ethnic category for the elementary school closest to your center. The link to the racial/ethnicity report for KDE schools is on SCN's website.**

**(2) The number of participants enrolled in the CACFP program at your center.**

<b>Ethnicity Data</b>		
<p align="center"><b>Geographic Area</b></p> <p>Percentage breakdown of eligible population by racial-ethnic category for the elementary school nearest the center. The link to the racial/ethnicity report for KDE schools is on SCN's website at:  <a href="http://education.ky.gov/federal/SCN/Documents/Public%20School_Ethnicity%20Report_%20SY%202012-2013.pdf">http://education.ky.gov/federal/SCN/Documents/Public%20School_Ethnicity%20Report_%20SY%202012-2013.pdf</a></p>		
<b>Hispanic or Latino</b>	%	
<b>Non-Hispanic or Latino</b>	%	
<p align="center"><b>Program Participants</b></p> <p>The number of participants enrolled in the CACFP program at the center.          (This is to only be done on the first monitor review of the year.)</p>		
<b>Hispanic or Latino</b>		
<b>Non-Hispanic or Latino</b>		
<b>Racial Data</b>		
<p align="center"><b>Geographic Area</b></p> <p>Percentage breakdown of eligible population by racial-ethnic category for the elementary school nearest the center. The link to the racial/ethnicity report for KDE schools is on SCN's website at:  <a href="http://education.ky.gov/federal/SCN/Documents/Public%20School_Ethnicity%20Report_%20SY%202012-2013.pdf">http://education.ky.gov/federal/SCN/Documents/Public%20School_Ethnicity%20Report_%20SY%202012-2013.pdf</a></p>		
<b>American Indian or Alaskan Native</b>	%	
<b>Asian</b>	%	
<b>Black or African American</b>	%	
<b>Native Hawaiian or Pacific Islander</b>	%	
<b>White</b>	%	
<p align="center"><b>Program Participants</b></p> <p>The number of participants enrolled in the CACFP program at the center.          (This is to only be done on the first monitor review of the year.)</p>		
<b>American Indian or Alaskan Native</b>		
<b>Asian</b>		
<b>Black or African American</b>		
<b>Native Hawaiian or Pacific Islander</b>		
<b>White</b>		

### 3. Training

- Institutions and sponsoring organizations must offer civil rights training to all “key staff” involved in their program: staff, volunteers and contractors.
- Training is required **prior** to the start of any program duties; training is ongoing as staff, volunteers and contractors enter throughout the fiscal year.
- Staff, volunteers and contractors must be trained annually (within four weeks of the institutions or sponsoring organizations annual training).

- Institutions and sponsoring organizations are **required by regulation** to document civil rights training efforts through dated In-Service Training forms identifying that the topic was covered.

#### **4. Civil Rights Complaint Procedure**

##### **Institutions and sponsoring organization responsibilities**

- Keep grievance procedure forms in accessible place and inform necessary persons of location.
- Must accept either written or verbal complaints.
- Must NEVER impede participant's ability to file.
- Move complaint forward in a timely manner (forward to state agency within 3 days).

##### **Participant Rights**

- Knowledge of all non-discrimination information.
- How to file a claim if they believe their civil rights have been violated.
- A claim may be filed up to 180 days following an alleged action or incident.

**\*\* The following pages include Grievance Report Procedures and Forms \*\***



**KENTUCKY DEPARTMENT OF EDUCATION**  
**Division of School and Community Nutrition**  
**Civil Rights Grievance Report Procedures**

In accordance with FNS Instruction 113-1, the

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(Institution /Sponsoring Organization) provides a grievance procedure in the event a person believes he/she or their enrolled participant has been discriminated against and/or denied service on the basis of race, color, national origin, sex, age or disability.

**GENERAL INSTRUCTIONS**

All complaints, written or verbal, alleging discrimination on the basis of race, color, national origin, sex, age or disability shall be processed within ninety (90) days of receipt in the manner prescribed in this instruction.

**Procedure for Filing Complaints of Discrimination**

**1. Right to File a Complaint**

Any person alleging discrimination based on race, color, national origin, sex, age or disability has a right to file a complaint within 180 days of the alleged discriminatory action. Under special circumstances this time limit may be extended.

**2. Acceptance**

All complaints, written or verbal, shall be accepted by the Division of School and Community Nutrition and forwarded to the SERO-USDA. It is necessary that the information be sufficient to determine the identity of the agency or individual toward which the complaint is directed, and to indicate the possibility of a violation. Anonymous complaints shall be handled as any other complaint.

**3. Verbal Complaints**

In the event that a complainant makes the allegation verbally or through a telephone conversation and refuses or is not inclined to place such allegations in writing, the person to whom the allegations are made shall write up the elements of the complaint for the complainant. Every effort shall be made to have the complainant provide the following information:

- a. Name, address, telephone number, or means of contacting the complainant.
- b. The specific location and name of the entity delivering the program, service, or benefit.
- c. The nature of the incident(s) or action(s) that led the complainant to believe discrimination was a factor.
- d. The basis on which the complainant feels discrimination exists (race, color, national origin, sex, age, disability)
- e. The names, titles and addresses of the persons who may have knowledge of the discriminatory action(s).
- f. The date(s) during which the alleged discriminatory action occurred, or if continuing, the duration of such actions.

## Civil Rights Grievance Report Form (Complainant Section)

Name \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

If your grievance concerns a discriminatory action due to race, color, national origin, sex, age, or disability, please be very specific and give full details concerning the occurrence.

**State the reason(s) you are filing this grievance report.**

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**What response did you receive from the institution representative during the alleged occurrence?**

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**What results are you seeking from this communication?**

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**Signature of Complainant**

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**Date**

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## Civil Rights Grievance Report Form (Sponsor Section)

**Information on person filing grievance: (Complainant)**
**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_

**Date Received by Institution OR Sponsoring Organization** \_\_\_\_\_

**Director's Name** \_\_\_\_\_

**Date forwarded to KDE** \_\_\_\_\_

**RESOLUTION/COMMENTS:**


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**Signature of Institution or Sponsoring Organization Representative**
**Date**

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## **Institution of Sponsoring Organization In-Service Training Documentation**

Child Care Center, Adult Day Care Center Institutions and Sponsoring Organizations must conduct training with key staff regarding Child and Adult Care Food Program requirements within **four** weeks of attendance at State Agency training. New institutions and sponsoring organizations *must conduct training with key staff within the first four weeks of program participation.* Documentation of the training must be recorded on the IN-SERVICE TRAINING FORM. The State Agency recommends discussing the following topics during staff training:

**7 CFR 226.16 (d)(2-3) states:**

*“Training on Program duties and responsibilities to key staff from all sponsored facilities prior to the beginning of Program operations. At a minimum, such training must include instruction, appropriate to the level of staff experience and duties, on the program’s meal patterns, meals counts, claim submission and review procedures, record keeping requirements, and the reimbursement system. Attendance by the key staff as defined by the State agency is mandatory:*

*Additional mandatory training sessions for key staff from all sponsored child care and adult care facilities not less frequently than annually. At a minimum, such training must include instruction, appropriate to the level of staff experience and duties on the programs meal patterns, meal counts, claim submission and review procedures, record keeping requirements, and reimbursement system. Attendance by key staff, as defined by the state agency, is mandatory.”*

**The Kentucky CACFP State Agency defines “Key Staff” as any staff member with primary responsibility for the operation of the CACFP and/or maintenance of the records that support the monthly claim for reimbursement and compliance with any CACFP requirement. This includes staff members who have monitoring responsibilities along with staff, volunteers or contractors.**

**In addition to the mandatory civil rights training, the State Agency recommends discussing the following topics during staff training:**

1. Civil Rights Compliance (**MANDATORY**),
2. Meal pattern requirements (necessary food components and proper portion sizes to be served at each meal as illustrated on the Food Chart),
3. Meal counts (requirement that staff conduct the meal count at the time of each meal service and document the number of meals served on Record of Meals Served Form 17-9),
4. For those institutions approved for more than 3 meal services, Record of Meals Served Form 17-10 will be used daily to record the names of the children and to indicate which meals they consumed. Facilities may only claim two meals and one snack or two snacks and one meal per participant per day. The Form 17-9 will be used to consolidate all daily meal service totals for claim submission,
5. Attendance records,
6. Safety and sanitation,
7. Menus
8. Personnel Activity Reports,
9. Other records required by the Child and Adult Care Food Program (CACFP), the United States Department of Agriculture (USDA) and the State Agency.

**Ongoing training should be conducted and documented as the institution hires new staff throughout the fiscal year. New staff must be trained within the 1<sup>st</sup> week of employment. Remember to always have new staff members sign in when training is completed. The trainer must provide a signature and date for all new staff trained throughout the year.**

**Any staff conducting in-service training must have completed training on CACFP policies and procedures.**

**A Civil Rights Training Video is available on the State Agency Website.**

### **CACFP Instructions for Completing the In-Service Training Form**

1. Fill in the Date, Name of Institution, Location of Training and Training Conducted by.
2. Mark the box next to the topics covered at the training. (*Civil Rights and “instruction, appropriate to the level of staff experience and duties” of the CACFP is Mandatory*). Mark the box and List any additional topics covered.
3. Have Participants print, sign and give their title and the name of the center they are associated with under the Site Name column.
4. Please attach additional pages if needed.
5. The trainer must sign and date the form.
6. File the In-Service Training form in the CACFP folder labeled, “In-Service Training”.

DATE \_\_\_\_\_

**Kentucky Department of Education  
Division of School and Community Nutrition  
Sponsor In-Service Training Documentation  
REGISTRATION FORM**

Name of Institution: \_\_\_\_\_ Location \_\_\_\_\_

Training Conducted by: \_\_\_\_\_

- Topics Covered:    ☐ Civil Rights (Mandatory)  
(Check all that apply) ☐ Meal Patterns  
                          ☐ Meal Counts  
                          ☐ Claim Submission  
                          ☐ Review Procedures  
                          ☐ Record Keeping Requirements  
                          ☐ Reimbursement System  
                          ☐ Updates from Annual Training  
                          ☐ \_\_\_\_\_  
                          ☐ \_\_\_\_\_  
                          ☐ \_\_\_\_\_

Printed Name	Signature	Title	Site Name
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

*\*Please add an additional page for more Training Participants*

I certify that the above topics have been discussed with the personnel listed on the date indicated.

Trainer's Signature \_\_\_\_\_ Date \_\_\_\_\_

*\*7 CFR 226.15(e), 7 CFR 226.16(d)(2-3) and FNS 113-1*

## MENUS 7 CFR 226.15 (e) 10

**All institutions are required to keep the State Agency Issued Menu Records.** Menus function as an important tool because menus help ensure that centers meet proper meal pattern requirements. Menus also report which foods are prepared and served to participants. Therefore, Menus help support food purchases and costs. When listing food items served on Menu Records, be very specific as to the type (i.e. fresh pineapple, canned pineapple tidbits or pineapple slices) and date served. Foods on the menus will be cross referenced with the purchases on food receipts and invoices. The Food Buying Guide will be a necessary and important reference tool during meal planning and preparations. Institutions are responsible for purchasing and preparing adequate amounts of each component for the number of participants being claimed during the meal service.

**It is the responsibility of the center/sponsor to ensure that meals meet minimum requirements as to meal components and portion sizes per participant.** In addition, the institution or sponsoring organization should provide additional training to the cook in the use of the Food Buying Guide and the Food Crediting Guide.

**The USDA Food Crediting guide and Food Buying Guide instructs institutions in regards to what foods are creditable and how much should be purchased/prepared for reimbursement in the CACFP. These guides may be found online at:**

Food Crediting Guide:

[http://www.fns.usda.gov/sites/default/files/CACFP\\_creditinghandbook.pdf](http://www.fns.usda.gov/sites/default/files/CACFP_creditinghandbook.pdf)

Food Buying Guide:

<http://fbg.nfsmi.org/>

For catered meals, please see the Catering Guidance Handbook.

**Menus must be available, complete and support food purchases. Otherwise the meals will be disallowed.**

## Child and Adult Care Food Program Meal Patterns for Adults

This chart lists the amounts and types of food to be served to Adults.

<b>CACFP Meal Pattern Requirements</b>	
<b>Meal Pattern for Adults</b>	
<b>Breakfast</b>	
<b>Fluid Milk</b>	<b>1 cup</b>
<b>Juice or Fruit or Vegetable</b>	<b>½ cup</b>
<b>Grains/Breads</b>	<b>2 servings</b>
<b>Lunch/Supper</b>	
<b>Fluid Milk (Lunch only, not required at supper)</b>	<b>1 cup</b>
<b>Meat or Meat Alternate</b>	<b>2 ounces</b>
<b>Vegetables and/or Fruits (2 or More)</b>	<b>1 cup total</b>
<b>Grains/Breads</b>	<b>2 servings</b>
<b>Snack (Select two different components)</b>	
<b>Fluid Milk</b>	<b>1 cup</b>
<b>Juice or Fruit or Vegetable</b>	<b>½ cup</b>
<b>Meat or Meat Alternate</b>	<b>1 ounce</b>
<b>Or yogurt</b>	<b>4 ounces or ½ cup</b>
<b>Grains/Breads</b>	<b>1 serving</b>
<b>Snack combinations that are <u>NOT</u> reimbursable</b>	
<ul style="list-style-type: none"> <li>Two of the same component: Juice and Vegetables, Meat and cheese, etc.</li> </ul>	
<ul style="list-style-type: none"> <li>Juice and Milk (This also includes juice that has been frozen or placed in gelatin.</li> </ul>	

7 CFR 226.20



**Weekly Menu Record**

Sponsor	Center	Month	Week	Year
<b>Menu Item</b>	Menu	Menu	Menu	Menu
<b>Breakfast</b>	<b>Monday</b> Date	<b>Tuesday</b> Date	<b>Wednesday</b> Date	<b>Thursday</b> Date
Milk				
Fruit/Veg./Juice				
Grains				
Grains				
<b>(Must Serve 4 Components)</b>				
<b>A.M. Supplement</b>				
Milk				
Meat/Meat Alternates				
Fruit/Veg./Juice				
Grains				
<b>(Must Serve 2 Components)</b>				
<b>Lunch</b>				
Milk				
Meat/Meat Alternates				
Fruit/Veg.				
Fruit/Veg.				
Grains				
Grains				
<b>(Must Serve 6 Components)</b>				
<b>P.M. Supplement</b>				
Milk				
Meat/Meat Alternates				
Fruit/Veg./Juice				
Grains				
<b>(Must Serve 2 Components)</b>				
<b>Supper</b>				
Milk				
Meat/Meat Alternates				
Fruit/Veg.				
Fruit/Veg.				
Grains				
Grains				
<b>(Must Serve 6 Components)</b>				

Please Refer to the Meal Pattern for Adults for More Information.

## CACFP Instructions for Completing the Milk Reconciliation Form

1. Input Sponsor Name and Month/Year in the appropriate blanks.
2. Record the number of, "Carry Over Milk" from the bottom of the current month Record of Meals Served (17-9).
3. Input any milk purchased in gallons from the current month. Note: If half pints were purchased, they will need to be converted to gallons prior to recording them in the column. (*half-pint to gallon converter can be found at: <http://www.calculateme.com/Volume/Pints/ToGallons.htm>*).
4. Add the gallons of milk purchased and the amount of carry over milk and multiply by 128 (a) (the number of ounces in a gallon) and record in the box below (a).
5. Record numbers from the Record of Meals Served (17-9) to the corresponding boxes for Breakfast, Lunch and Supper (*or totals for meals in the bottom columns*).
6. Using the menus for the month and the Record of Meals Served (17-9) form, record the number of meals for every day that milk was served as a component for snack.
7. Total columns and place under the appropriate column in the, "Total" row.
8. Multiply column total by the number below (Which is the number of ounces of milk required for that age at the specific meal service) and place answer under the appropriate column next to the, "=" box.
9. Add ounces of milk served totals (items with a 4, 6 or 8 above) and place answer under the, "Total (b)" box.
10. Place answers located under (a) and (b) in the corresponding blanks.
11. Subtract (a)-(b) and put the answer in blank (c).
12. Divide (c) by 128 and place answer in blank.
13. If answer is negative, then not enough milk was served or purchased.
14. If there is a milk shortage, meals will be disallowed.
15. If there is a milk overage, record number of gallons on next month's Record of Meals Served (17-9).

## Milk Reconciliation

Sponsor Name		Month/ Year						Milk	
	Breakfast	AM Snack	Lunch	PM Snack	Supper	LN Snack	Carry Over Gallons		
							+ Gallons Purchased		
Total							= Total Gallons of Milk		
X	8	8	8	8	8	8	Total Ounces of Required Milk (b)	X 128(a)	
=									
Only count the snacks on the Record of Meals served where Milk was served as a component.									

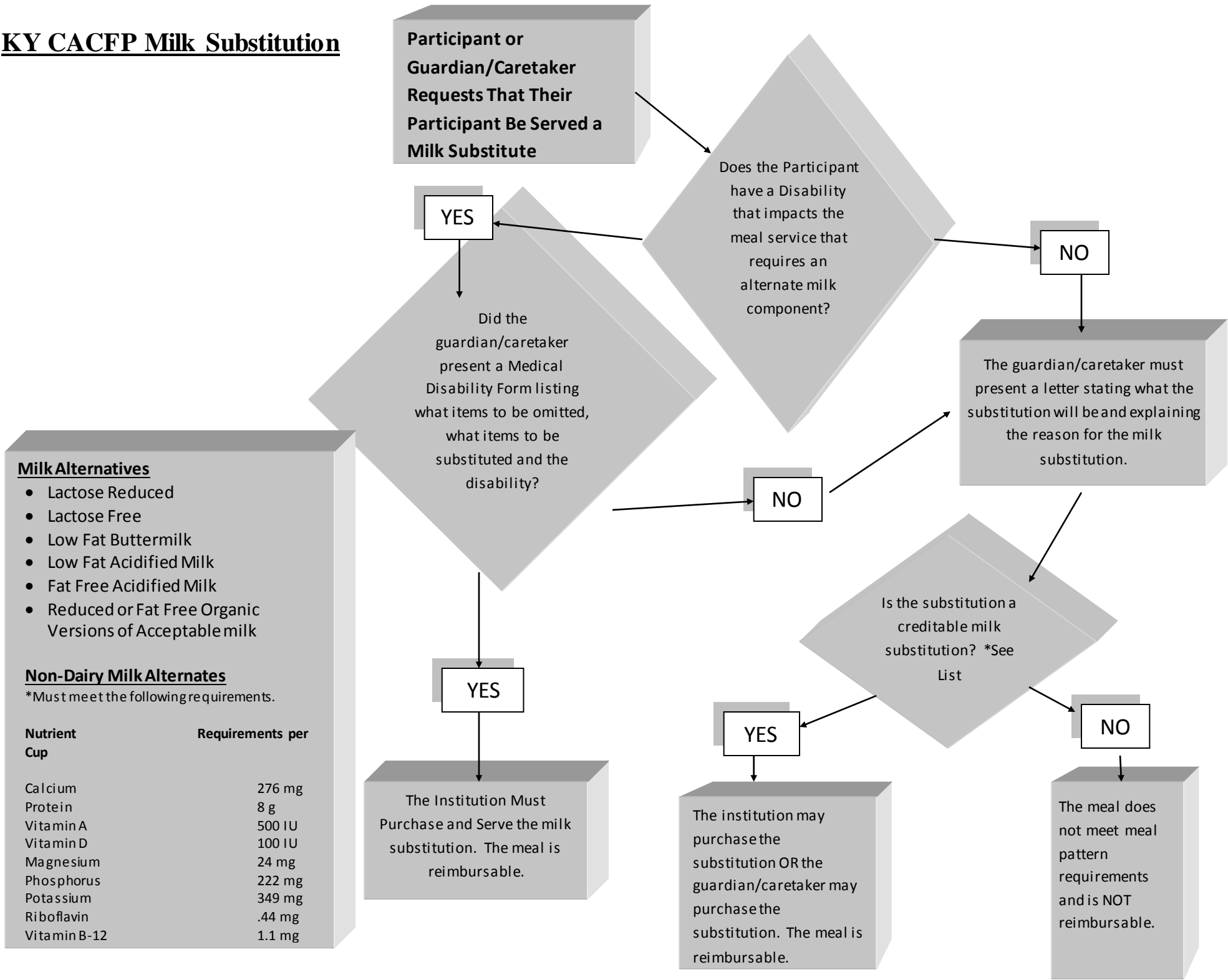
(a) \_\_\_\_\_ Total ounces of purchased milk

(b) \_\_\_\_\_ Total ounces of Required milk

(a)- \_\_\_\_\_ ounces overage or  
(b)=(c) \_\_\_\_\_ shortage of milk(c) \_\_\_\_\_ ounces divided  
by 128 oz./gal.=

Total \_\_\_\_\_ gallons of milk above/below amount of milk needed

**KY CACFP Milk Substitution**



## **CACFP Instructions for Completing the Medical Statement for Participants with Special Dietary Needs**

### **Participant or Guardian/Caretaker Section**

1. Fill in information located in the first section. To be completed by a Parent, Guardian, or Authorized Representative”.
2. If participant has a recognized disability or special dietary needs that are not a recognized disability, a recognized medical authority must complete the form. A recognized medical authority is anyone medically deemed certified to write prescriptions.
3. Medical Authority must sign and date.
4. Medical Authority must Print their name, title, and give the telephone number where they may be contacted.
5. If participant does not have a disability, but is requesting special accommodation for a fluid milk substitute, the form may be completed by the Parent/Guardian.

### **Sponsor Information**

1. The statement must be completed in its entirety and submitted prior to substituting any meals.
2. If any changes are needed, a new form will need to be submitted.
3. Participants or Guardians/Caretakers may request in writing that a non-dairy beverage be substituted for fluid milk without providing a statement from a recognized medical authority. Fluid milk substitutions requested are at the option and expense of the facility/center.
4. Non-dairy beverage products must at a minimum contain the following nutrient levels per cup to qualify as an acceptable milk substitution.

a. Calcium 276 mg	d. Vitamin D 100 IU	g. Potassium 349 mg
b. Protein 8 g	e. Magnesium 24 mg	h. Riboflavin .44 mg
c. Vitamin A 500 IU	f. Phosphorus 222 mg	i. Vitamin B-12 1.1 mcg

# MEDICAL STATEMENT FOR PARTICIPANTS WITH SPECIAL DIETARY NEEDS

<b>To be completed by a Parent, Guardian, or Authorized Representative</b>		
<b>Participant's Name:</b>		<b>Birthday:</b>
<b>Parent/Guardian/Authorized Representative name:</b>		
<b>Home Phone: (     )</b>		<b>Work Phone: (     )</b>
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<input type="checkbox"/> Participant has a disability or medical condition and requires a special meal or accommodation. <b>(*Recognized Medical Authority must sign)</b>		
<input type="checkbox"/> Participant <b>does not</b> have a disability, but is requesting a special meal or accommodation due to food intolerance(s) or other medical reasons. (Substitutions made at the discretion of the center.) <b>(*Recognized Medical Authority must sign)</b>		
<input type="checkbox"/> Participant <b>does not</b> have a disability, but is requesting a special accommodation for a fluid milk substitute that meets the nutrient standards for non-dairy beverages offered as milk substitutes. <b>(Substitutions made at the discretion of the center.)</b>		
<b>A non-dairy beverage product must at a minimum contain the following nutrient levels per cup to qualify as an acceptable milk substitution.</b>		
a. Calcium 276 mg b. Protein 8 g c. Vitamin A 500 IU	d. Vitamin D 100 IU e. Magnesium 24 mg f. Phosphorus 222 mg	g. Potassium 349 mg h. Riboflavin .44 mg i. Vitamin B-12 1.1 mcg
<b>Foods to be omitted:</b>		<b>Substitutions:</b>
_____		_____
_____		_____
_____		_____
<b>Please list foods and information regarding any needed texture changes (chopped, ground, pureed, etc.):</b> _____ _____ _____		
<b>Please provide any other information regarding the diet:</b> _____ _____ _____		

*\*Recognized Medical Authority: Anyone who can prescribe medication.*

\_\_\_\_\_  
**Physician/Medical Authority's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name and Title**

\_\_\_\_\_  
**Telephone**

## **Small Purchase Procurement**

(Comparison Shopping for Grocery and Retail)

To meet the procurement requirements for small purchases, such as those items purchased at a grocery or retail store, the State Agency requires that you complete comparison shopping for six of your most frequently purchased items at least once a year. You will select at least three separate, but similar retail stores, and compare the costs of these items within those stores. You are required to select the store that has the lowest price, unless other circumstances, such as proximity of the store or consistency of quality, impact your decision. This needs to be documented on the Small Purchase Procurement Form.

### **CACFP Instructions for Completing the Small Purchase Procurement Form**

1. Input date of procurement.
2. Choose 6 most commonly purchased items.
3. List 3 grocery stores in the area.
4. Fill in prices for the 6 items at each of the 3 stores.
5. Decide where items will be purchased.
6. Explain why store was chosen (location, options, etc.) if it didn't offer lowest price.
7. File in the CACFP folder system.

Procurement Documentation for  
Small Purchase Comparison Shopping  
**DATE:**\_\_\_\_\_

<b>Food</b>	<b>Name of Store 1:</b> _____	<b>Name of Store 2:</b> _____	<b>Name of Store 3:</b> _____	<b>Reason for Selection if not lowest price</b>
<b>1.</b>	\$	\$	\$	
<b>2.</b>	\$	\$	\$	
<b>3.</b>	\$	\$	\$	
<b>4.</b>	\$	\$	\$	
<b>5.</b>	\$	\$	\$	
<b>6.</b>	\$	\$	\$	

\*7 CFR 226.22



## **Instructions for Completing Food Supply Vendor Procurement: Invitation to Quote, Procurement Form, and Procurement Log**

Procurement is required by FNS regulation (7 C.F.R. §226.22). As with all other Federal funds, the primary objective of these procedures is to ensure **maximum open and free competition**. Although the program regulations do not specifically limit the term of CACFP procurement contracts, **the State Agency will only allow contract terms of one year**.

Those institutions and Sponsoring Organizations, who use food supply vendors such as Gordon Food, US Foods, or Sysco, must conduct procurement. Use the instructions and forms included in this handbook to assist you in conducting your food supply vendor procurement. Per State Agency policy, this procurement must be conducted within the first four weeks of the fiscal year.

### **Instructions**

1. Fill out the Food Supply Vendor Contract listing the items the vendors should bid on. Make three copies. (Form A)
2. Obtain the names, addresses, and email addresses of at least three food supply vendors.
3. Fill out the prototype *Invitation to Bid* letter with the necessary information (a modifiable document can be located on the State agency website) (Form B)
4. Mail or email a Food Supply Vendor Contract and an Invitation to Bid to each of the food supply vendors with a date when bids should be returned. **Institutions must ensure that all potential food supply vendors receive the same information.**
5. When Food Supply/Vendor Contracts are returned, compile the bids; complete the procurement log, (Form C) and document which food supplier was selected. Sign the Food Supply Contract of the vendor chosen and send the selected vendor a copy of the signed contract. If the lowest price is not the reason for selecting a prospective bidder, document why the alternate food supply vendor was chosen.
6. Keep all contracts, the procurement log, and any correspondence with the food suppliers concerning the bid in your CACFP folder labeled, "Procurement". Procurement records must be kept for three years after the close of the fiscal year.

**\*If no response is received from vendors, document request sent and file in the appropriate CACFP folder.**

## Invitation to Bid (Form B)

*Date*

*Contact Name*

*Address*

*City, State*

*Zip*

Subject: Invitation to Quote Price of Goods

---

Dear (*Contact Name*),

We are interested in purchasing (*describe goods.*)

Using the attached procurement form, please quote your ordinary unit price for supplying these goods together with your discount for volume purchases.

Please include the following information:

A) Sales tax

B) Delivery charges when applicable

C) Terms of payment

All price quotations must be firm and be good for a period of one year unless otherwise stated.

Please have quotes back to me by (*date.*)

Sincerely,

*Your Name*

*Your Title*

*Your Phone Number*

*Your Email*

# Food Supply Vendor Contract (Form A)

Please quote your ordinary unit price for supplying these goods as indicated in the attached letter. Sign and submit this back to the contact by \_\_\_\_\_.

Food Supply Vendor Name:			
Items to be Purchased	Quantity Expected to Buy	Unit Price	Extended Price (Quantity x Unit Price)
TOTAL			\$

I \_\_\_\_\_ (name of vendor), agree to supply the above named items at the price quoted. Delivery costs and sales tax are included with this quote.

Terms of payment are \_\_\_\_\_

**This contract may be voided by either party at any time.**

\_\_\_\_\_  
Signature of Vendor Representative \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Sponsor or Institution Representative \_\_\_\_\_ Date \_\_\_\_\_  
(Sponsor or Institution Representative Signs AFTER bid has been accepted)

## Procurement Log (Form C)

The Procurement Log is to be used to document all competitive price quotations of food supply vendors during the procurement procedure. The institution must contact at least three known suppliers of the food, services, and/or supplies needed and obtain competitive price quotations.

Attached to this document is a "Procurement Log" that may be used or may guide you in developing your own form. Below is a sample of how this form can be used.

Items to be Purchased	Quantity Expected to Buy	Vendor #1: XYZ Company		Vendor #2: ABC Company		Vendor #3: LMN Company	
		Unit Price	Extended Price (Quantity x Unit Price)	Unit Price	Extended Price (Quantity x Unit Price)	Unit Price	Extended Price (Quantity x Unit Price)
Peaches, diced 6/10 cans	25 cs.	\$20.19	\$504.75	\$18.87	\$471.75	\$22.40	\$560.00
Pears, sliced 6/10 cans	10 cs.	\$20.94	\$209.40	\$23.01	\$230.10	\$23.26	\$232.60
Pineapple, chunks 6/10 cans	15 cs.	\$25.98	\$389.70	\$28.03	\$420.45	\$24.89	\$373.35
Total			\$1,103.85		\$1,122.30		\$1,165.95
Vendor Selected		<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>	
Date and Method of Contact		September 27 Faxed in price quotes (quote sheets must be attached).		September 28 Price given per phone. Will confirm in writing.		September 28 Visited store and obtained prices (price sheets must be attached).	
Additional Notes:		Best price but will need to drive 15 miles to pick up product. Estimate that this will raise costs by 10%, making this a more costly alternative than Vendor #2.		Slightly higher price, but 5 minute drive from site.			
Signature of person completing this form:						Date:	
<i>Ima Sample</i>						<i>10/30/xx</i>	

Although this example only compares three items, school and non-school institutions are expected to compare all the food, services, and/or supplies they plan to purchase.

## PROCUREMENT LOG (Form C)

[illegible]

## RECORD OF MEALS SERVED

The Record of Meals Served Form (17-9)/Form (17-10) is the official source of documentation used to verify meal counts.

All institutions must maintain an accurate daily count of meals served to participants. **The count must be taken during the meal service and it must total the actual number of meals served. The meal count shall not be taken from the Daily Attendance Records, sign-in sheets, licensed capacity or enrollment.** Institutions may claim reimbursement only for meals served to participants who are enrolled in the program, have attended at least part of a day, and have a **current, completed, signed and dated CACFP Adult Enrollment Form/Income Application on file.**

The Record of Meals Served Form also provides an area to record total daily attendance each day. Daily attendance figures are taken from Daily Attendance record and recorded under, "Total Daily Attendance".

After the last meal service on the last serving day of the month, institutions shall record the amount of milk that was not served, in the space provided at the bottom of the next month's Record of Meals Served. This amount will represent milk to be carried over to the Milk Reconciliation Form in the upcoming month.

The Daily Attendance Record is not the same as the "Record of Meals Served." In some cases, participants may be present at the center, but the individual may not participate during the meal service. Therefore, reimbursement is calculated based on meals actually served, not attendance records.

Institutions are eligible to claim reimbursement for either two meals and one snack per participant per day or one meal and two snacks per participant per day.

### Instructions for completing CACFP Record of Meals Served (17-9) form

1. Fill in the Center/Site Name.
2. Fill in Month/Year and record any carryover milk from the previous month at the bottom of the page.
3. Place number of meals served next to the appropriate date.
4. For each meal service, list the number of program staff/caretakers that were served meals under the PA (Program Adults) column. This column doesn't need to be totaled at the end of the month and is **not** included in the monthly claim for reimbursement.
5. At the end of the day, place total number of participants in attendance under the Total Daily Attendance column. *Reminder, the total number of meals served should never exceed the Total Daily Attendance.*
6. At the end of the month, total all columns for the month and use the information for the monthly claim (number of meals served for each meal service and total attendance for the month).

**Adult Day Care Only**  
**Record of Meals Served**  
**Child and Adult Food Program**  
**Kentucky Department of Education**  
**School and Community Nutrition**

Name of Center: Month: 

Record of Meals Served to Participants					Program Adults		
Date	Breakfast	Lunch	PM Supplement	Total Daily Attend.	Breakfast	Lunch	PM Supp.
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
<b>Total</b>							

PA=Program Adults

Revised FY2015-2016

7CFR226.15(e)(4)

Milk on hand after last meal service of the previous month:

## Instructions for completing the Adult 2015-2016 CACFP Enrollment Form/Income Application

### 1. Participant Information:

- Please **print** the name(s) of the participant(s) (Last Name, First Name) on the lines below. Please ensure the names listed on the Enrollment Form/Income Application match the names on the Daily Attendance Form.
- Fill in participant's hours of care and meals normally eaten at the center. If the caretaker/guardian works multiple shifts and the participant may attend the center on an irregular schedule then mark, "Yes" for the question, "Caretaker/Guardian works multiple shifts and participants may be in care different days/hours \_\_\_\_yes \_\_\_\_no", otherwise mark, "No".
- **Program Benefits**-If the participant receives funding from **SNAP, SSI or Medicaid** please list the entire case number in the box provided, then **skip Section 2** and **sign and date Section 3**.

### 2. Household Members and Monthly Income

- Please list any other members of the household (Adults, Children) not listed above and their **Monthly** income.

### 3. Signature and Social Security Number

- Please read the statement, "I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal laws." If the information provided in the previous sections are accurate and true, then sign, give the last 4 digits of your social security number and date. If you do not have a Social Security Number, please check the corresponding box.

### Sponsor Section

1. Indicate how participant's eligibility will be determined by checking the corresponding box for **SNAP/SSI/Medicaid** or **Income Household**. If **Income Household** is used to determine eligibility, total incomes and Household Size from Section 2 and place the numbers on the appropriate blanks.
2. If the participant is receiving **SNAP, SSI or Medicaid** the participant is automatically eligible as **Free**. If the participant is not receiving any outside support, then the household income must be used in order to determine eligibility (Delete???). Once eligibility has been determined using the **Income Eligibility Guidelines**, mark **Free, Reduced** or **Paid** Meals.
3. Once eligibility has been determined, sign and date the form and then record the participant's name (Last, First) and their eligibility (Free, Reduced, Paid) on the Membership Roster.



**ADULT ENROLLMENT FORM/INCOME APPLICATION**

<b>1. Participant Information: (To be completed by Caretaker/Guardian)</b> If an adult participant is a member of a SNAP, SSI or Medicaid participant, the adult participant is automatically eligible to receive free Program meal benefits, subject to the completion of the application as described in paragraph (e)(1)(iii) of this section;							If your participant receives assistance from the items below, please complete and skip to section 3.
Participant's Last Name	Participant's First Name	Date of Birth	Normal Typical Hours of Care	Normal/Typical Days of Care (Circle all that apply)	Meals Normally Eaten (Circle all that apply)	Snap, SSI or Medicaid # (List Entire Number Below)	
			-	M T W Th F Sa Su	B AM L PM S LN		
			-	M T W Th F Sa Su	B AM L PM S LN		
			-	M T W Th F Sa Su	B AM L PM S LN		
			-	M T W Th F Sa Su	B AM L PM S LN		
*Caretaker/Guardian works multiple shifts and participants may be in care different days/hours ____yes ____no							
<b>2. Income Application Household Members and Monthly Income:</b>							
NAMES OF HOUSEHOLD MEMBERS		GROSS MONTHLY Income From Work (Before Deductions)		MONTHLY Income From Welfare Payments, Alimony	MONTHLY Income From Pensions, Retirement, Social Security, Unemployment Compensation	Any Other MONTHLY Income	
Last, First							
1.		\$		\$	\$	\$	
2.		\$		\$	\$	\$	
3.		\$		\$	\$	\$	
4.		\$		\$	\$	\$	
5.		\$		\$	\$	\$	
<b>3. Signature and Social Security Number:</b> I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal laws.							
X _____ <b>Signature of Adult Household Member</b>							
X _____ <input type="checkbox"/> No Social Security Number X _____ <b>Last four digits Social Security Number*</b>							
_____ <b>Home/Cell Phone Number</b>							
_____ <b>Date</b>							

FOR SPONSOR USE ONLY. DO NOT WRITE BELOW THIS LINE.

Application approved for:	<input type="checkbox"/> Free Meals <input type="checkbox"/> Reduced Price Meals <input type="checkbox"/> Paid	<input type="checkbox"/> SNAP/SSI/Medicaid <input type="checkbox"/> Income Household	Total Household Monthly Income _____ Household Size _____	Signature of Determining Official _____ Date _____
---------------------------	--	---	--	---

\*7 CFR 226.15 (e)(2)

"USDA is an equal opportunity provider and employer."

"The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced-price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The last four digits of the Social Security Number are not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced-price meals, and for administration and enforcement of the Program."

**INCOME ELIGIBILITY GUIDELINES**  
**For Adult Day Care Centers**  
**(FOR INTERNAL/OFFICE USE ONLY)**

The eligibility scale is for determining participant's eligibility category for federal meal reimbursement if they are not recipients of SNAP (Formerly food stamps), SSI or Medicaid. Participants from households with total gross incomes at or below the following levels may be eligible for free or reduced-price reimbursement rates.

<b>INCOME ELIGIBILITY SCALE</b>				
<b>Income Guidelines for Free/Reduced Price Meals Effective July 1, 2016-June 30, 2017</b>				
<b>Household Size</b>	<b>Free Meals</b>		<b>Reduced Price Meals</b>	
	<i><b>Monthly</b></i>	<i><b>Yearly</b></i>	<i><b>Monthly</b></i>	<i><b>Yearly</b></i>
<b>1</b>	<b>\$1,287</b>	\$15,444	<b>\$1,832</b>	\$21,978
<b>2</b>	<b>\$1,736</b>	\$20,826	<b>\$2,470</b>	\$29,637
<b>3</b>	<b>\$2,184</b>	\$26,208	<b>\$3,108</b>	\$37,296
<b>4</b>	<b>\$2,633</b>	\$31,590	<b>\$3,747</b>	\$44,955
<b>5</b>	<b>\$3,081</b>	\$36,972	<b>\$4,385</b>	\$52,614
<b>6</b>	<b>\$3,530</b>	\$42,354	<b>\$5,023</b>	\$60,273
<b>7</b>	<b>\$3,980</b>	\$47,749	<b>\$5,663</b>	\$67,951
<b>8</b>	<b>\$4,430</b>	\$53,157	<b>\$6,304</b>	\$75,647
<b>For each additional family member add:</b>	<b>+\$451</b>	+\$5,408	<b>+\$642</b>	+\$7,696

\* The term "household" means a group of related or unrelated individuals who are not residents of an institution or boarding house but who are living as one economic unit, sharing housing and all significant income and expenses.

**Note:** Participants that are recipients of the following programs are automatically eligible for the free reimbursement rate:

- SNAP (formerly known as Food Stamps)
- SSI
- Medicaid

## **INCOME APPLICATION FOR FREE AND REDUCED PRICE MEALS**

Institutions participating in the CACFP must obtain information regarding “free and reduced price meal eligibility” for each participant being claimed as free or reduced. **The eligibility information is confidential for each participant and must be kept on file. The information is considered valid for one calendar year from the date of the parent/guardian/client signature.** The State Agency recommends that sponsoring organizations obtain income information as a part of the enrollment process.

Applications must be correctly and completely executed by the participant or guardian/caretaker. Institutions must correctly classify enrolled participants in one of the following categories based on information obtained from the income application: free, reduced, or paid. All Enrollment Form/Income Applications must be reviewed for completeness by the institution. **The determining official must sign and date for the application to be deemed complete.**

The State Agency will review Enrollment Form/Income Applications to ensure that the applications have been completed and the participants are correctly classified. If verification reveals that the application has inaccurately been classified or that numbers of enrolled participants have been incorrectly reported, the State Agency will require a corrected claim. A deficiency finding from a compliance review will result in the recovery of any overpayments. As a result, a follow up, on-site review may be scheduled to ensure that the problem has been corrected.

If a participant is from a family **receiving** SNAP, SSI or Medicaid, the completed application must include the participant’s name, SNAP, SSI or Medicaid number and must be signed and dated by the parent/guardian.

Or

If a participant is from a family **not receiving** Supplemental Nutrition Assistance Program (SNAP), SSI or Medicaid, the completed application must include the participant’s name, list of all household members, last four digits of the social security number of the head of household, and income by source. The application must be signed and dated by the parent/guardian.

Please ensure that any SNAP/SSI/Medicaid numbers reported are the actual case numbers, not the amount received or the SNAP EBT number.

If the family of a participant is unable to complete the Enrollment Form/Income Application due to a physical or mental disability, illiteracy, or language barrier, the institution may complete the application and the parent/guardian and/or client should make an “X” to indicate that the sponsor has completed the application on their behalf. The staff member must initial and date the Enrollment Form/Income Application and indicate why the parent/guardian/client could not complete the form without assistance.

If the family of a participant refuses to complete the Enrollment Form/Income Application and the enrollment information is completed and the form is signed and dated, the participant will be classified as “paid”. If no form is returned, the participant is not eligible for meal reimbursement.

## Adult Day Care

Revised FY 2016-2017

Dear Participant or Guardian/Caretaker:

The CACFP offers meal reimbursements to adult day care facilities which provide structured comprehensive services to nonresidential adults who are functionally impaired, or aged 60 or older. By completing the attached income application, the centers will be able to receive reimbursement, which is based on the number of enrolled participants that are eligible for free or reduced price meals.

Please help the center comply with the requirements of the CACFP by completing, signing and returning the attached form as soon as possible. This information is necessary so that we may receive CACFP reimbursement for the meals served to your participants in our program. The completed form will be placed in our files and treated as confidential information. All participants in our program receive their meals free of charge, but the determination of eligibility category affects the amount of federal funding received by the center.

### Adult Day Care Sponsors

The participant in the adult day care facility may qualify for free or reduced price meals if your household income falls within the limits on this chart.

Income Guidelines for Free/Reduced Price Meals Effective July 1, 2016-June 30, 2017		
Household Size	Reduced Price Meals	
	<i>Monthly</i>	<i>Yearly</i>
1	\$1,832	\$21,978
2	\$2,470	\$29,637
3	\$3,108	\$37,296
4	\$3,747	\$44,955
5	\$4,385	\$52,614
6	\$5,023	\$60,273
7	\$5,663	\$67,951
8	\$6,304	\$75,647
For each additional family member add:	+\$642	+\$7,696

**Non-discrimination Statement:** "In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

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### Sponsor Representative

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### Phone Number.

If you have questions about the CACFP and its administration, you may contact State Agency at 502/564-5625 or at the following address: School and Community Nutrition, Kentucky Department of Education, 500 Mero Street, 23<sup>rd</sup> Floor Capital Plaza Tower, Frankfort, KY 40601.

## ATTENDANCE RECORDS

All institutions are required to maintain daily attendance records in order to document an enrolled participant's attendance in the center. (A copy of the Attendance Record Form is on the following page). Daily attendance must be totaled every day and recorded on the Record of Meals Served (17-9) form in the Total Daily Attendance (TDA) column.

However, a computer-generated attendance record is also acceptable. Institutions may design their own form, but it must contain, at a minimum, the information contained on the State Agency form.

Both the participant's first and last name must be included on the attendance record. **The name must be the same name that appears on the CACFP Adult Enrollment form/Income application, and Membership Roster.** Please be aware that **sign-in sheets are a licensing requirement, not a CACFP requirement.** **Sign-in sheets do not** replace attendance records. Participants who attend the center for any part of the day is considered present that day.

Failure to maintain daily attendance records or maintenance of inadequate daily attendance records will result in the recovery of CACFP reimbursement. Daily attendance records must be maintained on file for three years plus the current fiscal year.

### CACFP Instructions for Completing the Daily Attendance Record

Fill in the Month/Year and Sponsor Information.

1. Using the Membership Roster, record the names of the participants.
2. Take attendance and total columns daily.
3. Place daily attendance totals from the attendance record form on the Record of Meals Served (17-9) form under the column that says, "Total Daily Attend".

*\*Do not use the Daily Attendance Totals for Meal Count Submissions.*

## DAILY ATTENDANCE RECORD

**Month/Year** \_\_\_\_\_

**Sponsor** \_\_\_\_\_

[illegible]

Each day's totals must be recorded on the Record of Meal Served (Form 17-9) in the Total Daily Attendance Column at the end of each day.

\*7 CFR 226.15(e)(4) and 226.17a(O)(1)

## MEMBERSHIP ROSTER OF PARTICIPANTS

Institutions must be able to identify each month's total number of participants.

**Each institution under a sponsoring organization must maintain a separate Membership Roster.**

**The Membership Roster must include the following:**

- A date that the participant's enrollment form (EF) was signed.
- A date that the participant's income application was signed.  
The names of all participants enrolled and in attendance at the beginning of each new federal fiscal year (October 1) must be recorded on the Membership Roster. Names are added as new participants join the program. Additional pages may be attached as necessary. The Membership Roster may be completed by hand, or kept as an electronic document. If an electronic document is kept, a paper copy must be printed off at the end of each month and placed in the monthly folder.
- Institutions must ensure that participants' eligibility classification is correctly recorded under the Eligibility portion of the Membership Roster (Free, Reduced or Paid).
- The Membership Roster should accurately reflect the number of those enrolled at the center for each month.
- Membership reported monthly is determined from the actual attendance records. If a participant has been in attendance one day or a portion of that day **and has a current, complete Enrollment Form/Income Application**, they are counted in the sponsor's membership for the month. An F, R, or P is recorded in the participant's monthly attendance column.
- The Membership Roster must be cross-referenced monthly with attendance records, income applications and enrollment forms to ensure that only those participants in attendance with a current and complete enrollment form each month are claimed in the membership counts.
- After membership is calculated for the month, the Membership Roster is copied and placed in the next month's folder. If an electronic Membership Roster is kept, a paper copy must be printed off and kept in the monthly folder.

### **CACFP Instructions for completing the Membership Roster**

1. Fill in the information regarding the Center, Month/Year and Sponsor.
2. Organize Enrollment Form/Income Applications in alphabetical order by last name. (Some centers chose to use multiple Membership Roster forms and separate their forms by classrooms, age ranges, and by the letter their last name begins with).
3. Place Participant's Name under the Participant Name (Last, First) column. Remember to use their full name (no nicknames) as it appears on the Enrollment Form/Income Application.
4. Ensure Enrollment Form/Income Application is complete and then input the date the enrollment form was signed by the parent under the appropriate column.
5. Ensure Enrollment Form/Income Application is complete and record participant's eligibility (Free (F), Reduced (R) or Paid (P) under the Eligibility column.
6. Using the Daily Attendance Record at the end of the month, determine if the participant was in attendance for at least 1 day during the month. If the participant was in attendance, record the participant's eligibility under the proper month.
7. Total the number of Free (F) Reduced (R) and Paid (P) participants that were in attendance for the month and record each total at the bottom of the page next to the appropriate letter.
8. Free (F) Reduced (R) and Paid (P) Totals for participants in attendance for the month will be used in order to file the monthly claim.
9. If a participant withdraws during the month, place the date of withdrawal under the appropriate column.
10. Remember to perform an Edit Check to ensure all participants were in attendance and all totals are correct prior to filing the claim.



## Revised FY2014-2015

20\_\_

### Months of Fiscal Year

*\*CFR 226.15 (e)(3)*

## PROGRAM COSTS DOCUMENTATION

Every institution that participates in the CACFP must demonstrate the operation of a non-profit food service program. **As provided by USDA's Financial Management-Child and Adult Care Food Program Food and Nutrition Service (FNS) Instruction 796-2, Revision 4, all institutions must operate a non-profit food service in which all CACFP meal payments are expended for allowable costs. This means that ALL of the money you receive in CACFP reimbursement MUST be used ONLY in the food service operation. All CACFP records must be maintained on file for three years plus the current year.**

The following are examples only and are not intended to be a complete guide as to how CACFP funds may or may not be spent. Refer to the FNS Instruction 796-2, Rev. 3 or contact the State Agency if you have questions about allowable expenses.

### Food and Milk Documentation

**Allowable Costs:** price of purchased foods referenced to menus, invoices, a food service management company or caterer.

**Not Allowable:** value of donated foods; cost of food lost as a result of fire, water, spoilage or other contamination in excess of \$100; fast food, personal groceries or items such as cigarettes, soda, dog food, etc.

### Minimum Records that Support Cost of Food & Milk Used

- a. Invoices, bills, receipts (all food receipts used to document costs to the CACFP must be original, dated, itemized, and include the name of the store where the food was purchased);
- b. Canceled checks;
- c. Food inventory records;
- d. Records of cash discounts and other credits when they are not shown on purchase orders and/or invoices;
- e. Menus;
- f. Invoices from the food management company, caterer or school (reported as cost of food used);
- g. Daily delivery tickets that include components served, as well as the name of the catering source, date, number of meals ordered and number of meals delivered. These also must be signed and dated by vendor staff delivering meals and sponsor staff receiving meals.

These tickets should be compared to the monthly invoice received from the vendor to ensure that the sponsor was charged for the correct number of meals ordered.

### Non Food Cost Documentation

**Allowable Costs:** Examples are: paper goods (napkins, straws, cups, etc.), cleaning supplies for kitchen and dining room.

**Not Allowable:** Examples are: general day care supplies or arts/crafts projects, games, videos, laundry and general cleaning supplies not used in the food service area.

## **Minimum Records that Support Nonfood Supplies and Expendable Equipment**

- a. Invoices, bills, receipts, (all receipts used to document costs to the CACFP must be original, dated, itemized, and include the name of the store where the non-food was purchased);
- b. Canceled checks;
- c. Bank statements.

Note: Canceled checks and bank statements will be used only to verify payment of original receipts, and cannot be used as the only source of documentation.

If non-food items are used as part of the meal service (i.e. paper products, plastic silverware, kitchen cleaning supplies, eating area cleaning supplies, etc.) the total amount can be claimed. If only a portion of the product purchased is used for the food program (i.e. trash bags, paper towels), then only half of the cost could be claimed. Non-food items purchased for day care use only (i.e. toilet paper, Kleenex) cannot be included in program costs.

Tax may be claimed for non-food items under “Non-Food” on the Record of Expenditures, Form 17-8.

## **Program Labor Costs**

Program Labor Costs for Food Service are limited to wages and fringe benefits paid by the sponsor to employees directly involved with the food service program. If the sponsor is reimbursed for an employee’s wages from some other source, it cannot be claimed as a cost to the Program.

**Allowable Direct Costs:** wages paid for preparing and serving food; wages paid to personnel who assist participants at mealtime; wages paid for on-site preparation of records required for the food program. Program Labor duties include cooking, serving, menu planning, grocery shopping and cleaning of kitchen and dining room.

**Not Allowable:** administrative costs, donated labor, salaries of staff who do not perform CACFP duties; wages paid from sources other than the sponsoring organization.

## **Minimum Records that Support Program Labor Costs**

- a. Staff who work full-time on CACFP duties (cooks) will document their wages and benefits by copies of their pay stubs in the monthly folder.
- b. Personnel Activity Reports (PAR) – are maintained by employees to establish the amount of time per day spent on the food program when the employee has other duties. These must be signed and dated by employee at the end of the month. The PAR must be signed and dated by the employee’s supervisor. The PAR must be maintained in the monthly folders.

## **Program Administrative Costs**

Program Administrative Costs include expenditures incurred by a sponsoring organization that relate to planning, organizing, and managing the food service program.

**Allowable Direct Costs:** wages paid for completing the application packet, approving income applications, conducting monitor reviews, training center personnel regarding CACFP requirements, time spent compiling the monthly Claim for Reimbursement, cost of computer equipment used to administer CACFP and attending State Agency training (training time may only be claimed for the month in which it occurs).

**Not Allowable:** volunteer labor, wages paid from sources other than sponsoring organization, costs incurred to comply with licensing standards.

## **Minimum Records that Support Administrative Costs**

- a. Payroll records (bank statements, canceled checks, pay stubs, etc.).
- b. Personnel Activity Reports - daily time sheet that establishes the amount of time each employee spends on food program responsibilities when the employee has other duties. They must be signed and dated by the employee.
- c. Mileage documentation.
- d. Rental agreements and invoices for office equipment or office space.
- e. Invoices and canceled checks for any costs claimed as an administrative expense.

## **CACFP Instructions for Completing the Personnel Activity Report (PAR)**

### **Employee Section: (To be completed daily by the employee)**

1. Print Name and the Month/Year of PAR on designated lines.
2. Place number of hours worked beside the appropriate date. Designate hours worked for Administrative and Program Labor by writing the number of hours under the appropriate column.
3. List any non CACFP hours worked under the, "Non CACFP Hours Worked" column.
4. Total the columns for each row and place the total under the, "Total Hours Worked" for each day claimed.
5. At the end of the month, sign and date the form, verifying the information provided is correct.

### **Sponsor Section: (To be completed by Director/Authorized Representative at the end of the month)**

#### **A. Hourly Paid Staff**

1. Using the total for administrative hours from the table; insert the administrative hours and multiply them by the hourly wage of the employee. Place total in blank provided (Total administrative CACFP Salary).

*\*Administrative hours should only be used if the expense is approved in the CNIPS budget\**

2. Using the total for program labor hours from the table; insert the program labor hours and multiply them by the hourly wage of the employee. Place total in blank provided (Total program labor CACFP salary).

#### **B. Salaried Staff**

1. Using the total for administrative hours worked on CACFP from the table; insert the administrative hours worked and divide by the total hours worked. Multiply total by 100 and place percentage in blank provided (%) Then, multiply the total salary for the month by the percentage found above. Place total in blank provided (Total admin. CACFP salary).

*Administrative hours should only be used if the expense is approved in the CNIPS budget\**

2. Using the total for program labor hours worked on CACFP from the table; insert the program labor hours worked and divide by the total hours worked. Multiply total by 100 and place percentage in blank provided (%) Then, multiply the total salary for the month by the percentage found above. Place total in blank provided (Total program labor CACFP salary).
3. Verify totals, sign and date form.

# PERSONNEL ACTIVITY REPORT

**Employee Name:** \_\_\_\_\_

**Month/Year:** \_\_\_\_\_

**TO BE COMPLETED BY EMPLOYEE:**

**INSTRUCTIONS:** This form is for employees who spend part of their day working on the Child and Adult Care Food Program (CACFP). Each month, indicate the number of hours per day spent on administrative and program labor activities related to the CACFP. Examples of CACFP administrative activities include, but are not limited to: monitoring, record keeping, compiling data and completing the Claim for Reimbursement. Examples of CACFP program labor activities include, but are not limited to: menu planning, grocery shopping, cooking and serving meals and clean up after meals. This form will be used in documenting a nonprofit food service operation.

Date	Hours Worked on CACFP		Non CACFP Hours Worked	Total Hours Worked	Date	Hours Worked On CACFP		Non CACFP Hours Worked	Total Hours Worked
	Admin	Program Labor				Admin	Program Labor		
1					17				
2					18				
3					19				
4					20				
5					21				
6					22				
7					23				
8					24				
9					25				
10					26				
11					27				
12					28				
13					29				
14					30				
15					31				
16					<b>TOTAL</b>				

I certify that this is an accurate record of the number of hours worked on the CACFP.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**TO BE COMPLETED BY CENTER DIRECTOR/AUTHORIZED REPRESENTATIVE**

**A. (HOURLY PAID STAFF)**

1. Total administrative hours worked on CACFP \_\_\_\_\_ x \_\_\_\_\_ (hourly wage) = \$\_\_\_\_\_ (Total administrative CACFP salary)

2. Total program labor hours worked on CACFP \_\_\_\_\_ x \_\_\_\_\_ (hourly wage) = \$\_\_\_\_\_ (Total program labor CACFP salary)

**B. (SALARIED STAFF)**

3. Total administrative hours worked on CACFP \_\_\_\_\_ ÷ Total hours worked \_\_\_\_\_ = \_\_\_\_\_ %  
Total Salary for month \$\_\_\_\_\_ x \_\_\_\_\_ % = \$\_\_\_\_\_ (Total admin. CACFP salary)

4. Total program labor hours worked on CACFP \_\_\_\_\_ ÷ Total hours worked \_\_\_\_\_ = \_\_\_\_\_ %  
Total Salary for month \$\_\_\_\_\_ x \_\_\_\_\_ % = \$\_\_\_\_\_ (Total program labor CACFP salary)

I certify that payroll records are on file that verifies the total wages as listed above.

5. Signature of Center Director/Authorized Representative \_\_\_\_\_

Date \_\_\_\_\_

\*7 CFR 226.15(e)

## **RECORD OF CACFP PROGRAM EXPENDITURES FOR THE MONTH FORM 17-8**

The Record of CACFP Program Expenditures for the Month (Form 17-8) is the form that institutions use to record all of the expenses that are used to justify the reimbursement for the month. Institutions will keep this form, along with all receipts and the menu record, in the corresponding monthly folder. Every month, institutions will use the calculations from their monthly 17-8 form to record their program costs on the Justification for Reimbursement form. Programs will use the Justification for Reimbursement Form to record their quarterly costs in the ACQR (Actual Cost Quarterly Report) in CNIPS.

The Record of Expenditures form may be completed throughout the month or at the end of the month as long as the form is complete before the claim is submitted.

Recording the quantity of milk purchased on the Record of Expenditures form will assist in completing the monthly milk reconciliation. The milk reconciliation determines whether or not enough milk has been served and/or purchased to meet meal pattern requirements.

### **CACFP Instruction for Completing the Record of Expenditures (17-8) Form**

1. List the Month, Sponsoring Organization, Center and CNIPS Number.
2. Record the date, name of store/Food Management Company, Food, Quantity of Milk purchased (in gallons) and any Non Food Expenses (chronological order) as purchases are made.
3. At the end of the month, place information from any Personnel Activity Reports at the bottom of the form above the totals row and expenses for payroll under the Program Labor column.
4. If Program Administrative Costs are claimed write, "Program Administrative Costs" under the, "Name of Store, Vendor, Food Management Company or Program Labor" heading and record the total from the, "Record of Administrative Costs for the Month" worksheet under the, "Program Admin Cost" heading.
5. Total all columns and record information in the Justification for CACFP Reimbursement Form which will later be used to complete the Actual Cost Quarterly Report (ACQR).
6. File completed form in the monthly CACFP folder.

## SPONSORING ORGANIZATION

**CENTER**

Name of Store, Vendor, Food  
Management Company or Program Labor

## Food

Quantity of  
Milk;  
Gallons  
and/or Pints

## Non Food

Program  
Labor

## Program Admin. Cost

**Totals**

48



### **CACFP Instructions for Completing the Justification for Reimbursement Form**

1. Using the Record of Expenditures Form (17-8) for the month, record totals for Food, Non-Food, Program Labor and Administrative Costs.
2. Total expenditures for the month and place in column labeled, "Total Expenditures By Month".
3. Record Reimbursement Amount using the amount of CACFP Reimbursement received for the month.
4. Subtract the Total Expenditures by month by the Reimbursement Amount and place total under the, "Difference" column.
5. To calculate % spent on food, divide Food Costs by Reimbursement Amount and multiply answer by 100. Place answer under, "% Spent on Food".
6. At the end of each quarter (Oct.-Dec, Jan-Mar, Apr-June, July-Sept), total all columns and use the information from the form to assist in completing the Actual Costs Quarterly Report (ACQR).

### Justification for CACFP Reimbursement

Month	Food	Non-Food	Program Labor	Administrative	Total Expenditures By Month	Reimbursement Amount	Difference	*% Spent On Food
Oct.								
Nov.								
Dec.								
Total								
Jan.								
Feb.								
Mar.								
Total								
Apr.								
May								
June								
Total								
July								
Aug.								
Sept.								
Total								
Total for The year								

\*FNS 796-2(IV) and 7 CFR 226.15(e)(6)

\* Food Expenses divided by Reimbursement = % Spent on Food

## **ACQR (Actual Costs Quarterly Reporting)**

CACFP regulation 796-2 Revision 3 requires that all institutions show fiscal integrity and accountability for all funds received from the Child and Adult Care Food Program. All expenses incurred as program expenses must be approved and funds must be used for authorized program expenses only.

To meet this regulation, the State Agency requires that all institutions report their actual costs on a quarterly basis. Found in CNIPS at <https://cnips.education.ky.gov/cnips/> the quarterly report or ACQR is to be completed by January 31st for the first quarter, April 30th for the second quarter, July 31st for the third quarter, and October 31st for fourth quarter. The State Agency will review the costs each quarter to ensure that institutions are being fiscally responsible with CACFP funds. If during a review of the quarterly costs, it is determined that the institution is not using all of the funds received as is required by regulation, a plan of correction will need to be submitted.

**\*\*An ACQR Training Presentation is available on the State agency Website\*\***

<http://education.ky.gov/federal/SCN/Pages/Child-and-Adult-Care-Food-Program.aspx>

### **Pre-Approval Site Request Sheet**

Sponsoring Organizations wanting to set up additional sites are required to fill out a Pre-Approval Site Request and submit it to the State agency along with the Pre-Approval Visit Form on or before the 25<sup>th</sup> of the previous month requesting to claim. Any Site Requests submitted after the 25<sup>th</sup> will be presented to the Application Review Team (ART) for review at the next month's meeting.

All submitted Site Requests will be reviewed by the Application Review Team (ART) and institutions will be informed of the acceptance.

Once the Site Request has been accepted, the State agency will establish a Site Application on CNIPS for the institution to complete.

Institutions must then complete the Site Request and Submit for Approval.

If acceptable, the State Agency will approve the Site Application and the Site may then begin to claim the approved meals.

**PRE-APPROVAL SITE REQUEST/VISIT FORM**  
TO BE CONDUCTED BY SPONSOR

Sponsor Name \_\_\_\_\_ CNIPS # \_\_\_\_\_

Address \_\_\_\_\_

1. Center Name \_\_\_\_\_ County \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Director \_\_\_\_\_

Type of Center: \_\_\_ Child Care \_\_\_ Outside School Hours

\_\_\_ Head Start \_\_\_ Homeless \_\_\_ ADC \_\_\_ Title XIX (ADC)

2. Licensed Capacity \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

3. Total number of participants enrolled \_\_\_\_\_ Number in attendance \_\_\_\_\_

4. Indicate type of meals to be claimed for reimbursement.

	Breakfast	AM Snack	Lunch	PM Snack	Supper	Late Night Snack
Time of Meal Service						
Estimated Number to be Served						

5. How will meals be provided? \_\_\_\_\_ Self-Preparation \_\_\_\_\_ Contract \_\_\_\_\_ Central Kitchen \_\_\_\_\_ Other

6. Has center staff been trained according to USDA meal pattern requirements? \_\_\_ Yes \_\_\_ No

7. Is an enrollment form on file for each participant? \_\_\_ Yes \_\_\_ No

8. Will family size and income information be obtained for each participant? \_\_\_ Yes \_\_\_ No

9. Have record keeping requirements been explained and discussed with the center director? \_\_\_ Yes \_\_\_ No

10. Date that Center's Staff received Civil Rights Training? \_\_\_\_\_

11. List names of personnel responsible for CACFP Administration and Food Service. Include specific duties assigned to each.

Administration	Duties
Food Service	Duties

12. Has racial/ethnic information been collected on the area to be served? \_\_\_ Yes \_\_\_ No

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Center Director      Date      Authorized Sponsor Representative      Date

## **Monitor Reviews** **(For Sponsoring Organizations with more than one site)**

Monitoring sponsored centers for compliance with CACFP regulations is an important responsibility of Sponsoring Organizations. Sponsoring Organizations can also use monitor reviews to provide technical assistance when needed.

### **Monitor Review Checklist:**

- ✓ **3 reviews conducted each Fiscal year**
- ✓ **2 reviews must be unannounced**
- ✓ **Time between Reviews must not be more than 6 months (i.e. Oct., Feb., June)**
- ✓ **A meal service must be observed for at least 1 review**
- ✓ **Must ensure that review time is varied:**

*A meal service must be observed during at least one of the monitor reviews conducted during the year. In accordance with USDA FNS Policy Memo CACFP 16-2011, sponsoring organizations must ensure that the timing of unannounced reviews is unpredictable. For example, unannounced reviews that always occur during the third week of January, third week of May, and third week of September are predictable. The review schedule should be varied enough that facilities staff are unable to anticipate the date/timing of the review.*

**A copy of the Monitor Review form may be found on the State agency website:**

**<http://education.ky.gov/federal/SCN/Pages/Child-and-Adult-Care-Food-Program.aspx>**

## **CACFP APPEALS PROCEDURE**

**Section 1. Actions that May be Appealed (Child and Adult Food Care Program) (7 CFR § 226.6(k) .**

**Section 2. Notice of Action. ((7 CFR § 226.6(k)(5))**

**Section 3. Filing An Appeal.**

**Section 4. Appeal Timelines.**

**Section 5. Appeal Procedures.**

## TO DO LIST FOR NEW/RENEWING INSTITUTIONS

After attending State agency training, please complete the following:

- Complete the on line CNIPS application and submit to the State Agency.
- Distribute **current year** Enrollment Form/Income Application to parents/guardians, and or clients. Collect and classify participants as “free, reduced, or paid.”
- During the **first month** of participation in the CACFP, complete the Membership Roster of enrolled participants.
- Conduct In-Service Training within **four weeks** of attendance at State Agency Training.
- Complete Catering Procurement immediately following New Sponsor Training.
- Complete the Small Purchase Procurement and/or Food Supply Vendor Procurement requirements within the first **four weeks** of attendance at the State Agency Training.
- Display the “And Justice for All” poster in a prominent place.
- **New institutions only, submit the news release to a media source and a grassroots organization. File the original in the CACFP folder labeled, “News Release”.**

Maintain the following records beginning the first day of participation:

- a. Daily Attendance Records
- b. Record of Meals Served (Form 17-9)
- c. Menu Records (Participant and Infant)
- d. Receipts, Invoices, any documentation of food and non-food costs
- e. Personnel Activity Report(s)

**Please note that this list is not inclusive of all documentation that must be maintained!!!**

## CACFP REFERENCE SHEET

Monthly Membership-Information Needed for Claim			
<b>Enrollment/Income Forms</b> <ul style="list-style-type: none"> <li>Completed and signed annually by Parent/Guardian or Client</li> <li>May have multiple participants on one form</li> <li>Days and hours normally in care and meals received are noted</li> <li>Sponsor use only section completed and signed by director</li> </ul>	<b>Attendance Records</b> <ul style="list-style-type: none"> <li>Completed daily</li> <li>Name matches participant's name on Enrollment Form</li> <li>Totaled daily</li> <li>Used to cross-reference membership and calculate total daily attendance</li> </ul>	<b>Membership Roster</b> <ul style="list-style-type: none"> <li>Completed monthly</li> <li>Name matches participant's name on Enrollment Form</li> <li>Numbers totaled at the end of the month are reported on the monthly claim</li> </ul>	
Meal Counts-Information Needed for Claim			
<b>Menus</b> <ul style="list-style-type: none"> <li>Must meet meal pattern guidelines</li> <li>Current month posted</li> <li>Food must be creditable</li> <li>Copies placed in monthly folder</li> </ul>	<b>Menus, Continued</b> <ul style="list-style-type: none"> <li>All menus must be maintained</li> <li>Substitutions must be noted on all menus before the meal service</li> </ul>	<b>Total Daily Attendance</b> <ul style="list-style-type: none"> <li>Recorded on 17-9 daily</li> <li>Meals served cannot be greater than the number of participants in attendance</li> </ul>	<b>17-9 Record of Meals Served</b> <ul style="list-style-type: none"> <li>Completed during the meal service</li> <li>Number of meals served must be totaled daily and monthly</li> <li>Total meals at the end of the month are reported on the monthly claim</li> </ul>
Costs/Documentation of-Information Needed for ACQR			
<b>Food and Non-Food</b> <ul style="list-style-type: none"> <li>Receipts               <ul style="list-style-type: none"> <li>Originals only</li> <li>Program related items only</li> <li>Purchases related to menu items</li> </ul> </li> <li>Invoices from caterers, if applicable</li> <li>Delivery Tickets, if applicable</li> </ul>	<b>Program Labor</b> <ul style="list-style-type: none"> <li>Personnel Activity Report</li> <li>Completed daily by employee</li> <li>Signed by employee</li> <li>Pay Stubs are used for full time food service staff</li> </ul>	<b>17-8 Record of Program Expenditures</b> <ul style="list-style-type: none"> <li>Completed monthly</li> <li>Food costs recorded from receipts</li> <li>Amount of milk purchased is recorded using receipts</li> <li>Program Labor recorded</li> <li>Non- food costs recorded from receipts</li> </ul>	<b>Small Purchase Procurement</b> <ul style="list-style-type: none"> <li>Completed yearly; within first 4 weeks of fiscal year</li> <li>6 most commonly used items</li> <li>3 price comparisons</li> </ul> <b>Food Supply Vendor Procurement</b> <ul style="list-style-type: none"> <li>Completed yearly; within first 4 weeks of fiscal year</li> <li>All vendor purchased items</li> <li>3 vendor comparisons</li> </ul> <b>Catering Procurement</b> <ul style="list-style-type: none"> <li>See Catering Guidance</li> </ul>
Civil Rights			
<b>Public Notification System</b> <ul style="list-style-type: none"> <li>And Justice for All</li> <li>News Release</li> <li>Non Discrimination Statement</li> </ul>	<b>Data Collection</b> <ul style="list-style-type: none"> <li>Completed annually</li> <li>Includes Ethnic and Racial Data</li> </ul>	<b>Grievance Procedures</b> <ul style="list-style-type: none"> <li>Documents kept in accessible location</li> <li>Move complaint forward in a timely manner (3 days)</li> </ul>	<b>Training</b> <ul style="list-style-type: none"> <li>Must include Civil Rights to all people involved with food service</li> <li>Required prior to start of any program duties</li> <li>Performed annually and as needed for new staff</li> <li>Documented and filed in appropriate folder</li> </ul>
Monitor Reviews			
<ul style="list-style-type: none"> <li>Only necessary for sponsors with multiple sites</li> <li>Completed within first 4 weeks of participation in the program</li> <li>Must complete at least 3 per year per site</li> <li>No more than a 6 month lapse between reviews</li> </ul>			